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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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OFFICE OF PETITIONS

Patent No.: 6,415,486

Serial No.: 09/516,328

Adjustment date: 08/14/2009 DALLEN
08/22/2006 DALLEN 00000003 6415486
01 FC:1559 -1030.00 OP

Issued: July 9, 2002

Filed: March 1, 2000

Docket: LRI-003PAT

Title: **METHOD AND APPARATUS FOR PROVIDING A RESIDUAL STRESS
DISTRIBUTION IN THE SURFACE OF A PART**

Mail Stop: Petition
Commissioner for Patents
P.O. Box: 1450
Alexandria, VA 22313-1450

08/14/2009 DALLEN 00000015 6415486
01 FC:1599 1030.00 OP

Sir:

**PETITION TO REVIEW AND RECORD PAYMENT OF A MAINTENANCE
FEE FILED PRIOR TO EXPIRATION OF PATENT**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop: Petition, P.O. Box 1450, Alexandria, VA 22313-1450, on August 5, 2009.

August 5, 2009


Mark F. Smith

08/14/2009 DALLEN 00000016 6415486
01 FC:1462 400.00 OP

Adjustment date: 12/03/2009 CKHLUK
08/14/2009 DALLEN 00000016 6415486
01 FC:1462 -400.00 OP
12/03/2009 CKHLUK 0000169572


Patent No. 6,415,486

CHECK Refund Total: \$400.00

The Petitioner hereby requests that the Maintenance Fees previously paid be recorded and the patent either be reinstated or the status of the patent be properly recorded as "Active."

Enclosed is a check for \$400.00, please send any appropriate refund to the address below.

Respectfully submitted,



August 5, 2009

Mark F. Smith
Petitioner and Attorney of Record
(Reg. No. 32,437)

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>12/03/09</u>		2 Serial/Patent # <u>6,415,486</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
X	Petition 1462		08/07/09	\$ 400.00
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	Maintenance			\$
	Assignment			\$
	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 400.00
10 REASON:		8 TO BE REFUNDED BY:		
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X	No Fee Due (Explanation):	9	<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; text-align: center;"> -- </div>	
Petition was due to Office error.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Douglas Ian Wood</u>		TITLE: <u>Petitions Attorney</u>		
SIGNATURE: <u>/dwood/</u>		PHONE: <u>571-272-3231</u>		
OFFICE: <u>Office of Petitions - 4700</u>				
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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